

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) SER-001
	In re Application of Seymour Fein	
	Application Number 10/706,100-Conf. #7710	Filed November 12, 2003
	For Pharmaceutical compositions including low dosages of desmopressin	
	Art Unit 1654	Examiner A. D. Kosar
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 540.00
<input checked="" type="checkbox"/>	Applicant claimed small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:	\$ 270.00
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 07-1700 .	
<input checked="" type="checkbox"/>	A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.	
WARNING: INFORMATION ON THIS FORM MAY BECOME PUBLIC. CREDIT CARD INFORMATION SHOULD NOT BE INCLUDED ON THIS FORM. PROVIDE CREDIT CARD INFORMATION AND AUTHORIZATION ON PTO-2038.		
I am the		
<input type="checkbox"/>	applicant /inventor.	/Brian A. Fairchild/ Signature
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Brian A. Fairchild Typed or printed name
<input checked="" type="checkbox"/>	attorney or agent of record. Registration number 48,645	(617) 570-1963 Telephone number
<input type="checkbox"/>	attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	May 8, 2009 Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.		
<input type="checkbox"/>	*Total of 1 forms are submitted.	